

AMENDED IN ASSEMBLY MAY 1, 2007

AMENDED IN ASSEMBLY APRIL 16, 2007

CALIFORNIA LEGISLATURE—2007–08 REGULAR SESSION

## ASSEMBLY BILL

**No. 1429**

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**Introduced by Assembly Member Evans**  
***(Coauthor: Assembly Member Berg)***

February 23, 2007

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An act to amend Section 1367.66 of the Health and Safety Code, and to amend Section 10123.18 of the Insurance Code, relating to health care coverage.

### LEGISLATIVE COUNSEL'S DIGEST

AB 1429, as amended, Evans. Human papillomavirus vaccination.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Under existing law, a plan and a health insurer that include coverage for the treatment or surgery of cervical cancer are deemed to provide coverage for an annual cervical cancer screening test.

This bill would expand the coverage to include a human papillomavirus vaccination, as specified.

Because the bill would specify an additional requirement for a health care service plan, the willful violation of which would be a crime, it would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1     SECTION 1. Section 1367.66 of the Health and Safety Code  
2     is amended to read:

3     1367.66. (a) Every individual or group health care service plan  
4     contract, except for a specialized health care service plan, that is  
5     issued, amended, or renewed, on or after January 1, 2002, and that  
6     includes coverage for treatment or surgery of cervical cancer shall  
7     also be deemed to provide coverage for an annual cervical cancer  
8     screening test upon the referral of the patient's physician and  
9     surgeon, a nurse practitioner, or a certified nurse midwife,  
10    providing care to the patient and operating within the scope of  
11    practice permitted for the licensee.

12    The coverage for an annual cervical cancer screening test  
13    provided pursuant to this section shall include the conventional  
14    Pap test, a human papillomavirus screening test that is approved  
15    by the federal Food and Drug Administration, and the option of  
16    any cervical cancer screening test approved by the federal Food  
17    and Drug Administration, upon the referral of the patient's health  
18    care provider.

19    (b) Every individual or group health care service plan contract,  
20    except for a specialized health care service plan, that is issued,  
21    amended, or renewed on or after January 1, 2008, and that includes  
22    coverage for treatment or surgery of cervical cancer shall also be  
23    deemed to provide coverage for a human papillomavirus  
24    vaccination upon the referral of the patient's physician and surgeon,  
25    a nurse practitioner, or a certified nurse midwife, providing care  
26    to the patient and operating within the scope of practice permitted  
27    for the licensee, *in accordance with the recommendations of the*  
28    *Advisory Committee on Immunization Practices to the Centers of*  
29    *Disease Control and Prevention.*

(c) Nothing in this section shall be construed to establish a new mandated benefit or to prevent application of deductible or copayment provisions in an existing plan contract. The Legislature intends in this section to provide that cervical cancer screening services and a human papillomavirus vaccination are deemed to be covered if the plan contract includes coverage for cervical cancer treatment or surgery, *in accordance with the recommendations of the Advisory Committee on Immunization Practices to the Centers of Disease Control and Prevention.*

SEC. 2. Section 10123.18 of the Insurance Code is amended to read:

10123.18. (a) Every individual or group policy of health insurance that provides coverage for hospital, medical, or surgical benefits, that is issued, amended, or renewed, on or after January 1, 2002, and that includes coverage for treatment or surgery of cervical cancer shall also be deemed to provide coverage, upon the referral of the patient's physician and surgeon, a nurse practitioner, or a certified nurse midwife, providing care to the patient and operating within the scope of practice permitted for the licensee, for an annual cervical cancer screening test.

The coverage for an annual cervical cancer screening test provided pursuant to this section shall include the conventional Pap test, a human papillomavirus screening test that is approved by the federal Food and Drug Administration, and the option of any cervical cancer screening test approved by the federal Food and Drug Administration, upon the referral of the patient's health care provider.

(b) Every individual or group policy of health insurance that provides coverage for hospital, medical, or surgical benefits, that is issued, amended, or renewed, on or after January 1, 2008, and that includes coverage for treatment or surgery of cervical cancer shall also be deemed to provide coverage for a human papillomavirus vaccination upon the referral of the patient's physician and surgeon, a nurse practitioner, or a certified nurse midwife, providing care to the patient and operating within the scope of practice permitted for the licensee, *in accordance with the recommendations of the Advisory Committee on Immunization Practices to the Centers of Disease Control and Prevention.*

(c) Nothing in this section shall be construed to require an individual or group policy to cover treatment or surgery for cervical

1 cancer or to prevent application of deductible or copayment  
2 provisions contained in the policy or certificate, nor shall this  
3 section be construed to require that coverage under an individual  
4 or group policy be extended to any other procedures.

5 (d) This section shall not apply to vision only, dental only,  
6 accident only, specified disease, hospital indemnity, Medicare  
7 supplement, CHAMPUS supplement, long-term care, or disability  
8 income insurance. For accident only, hospital indemnity, or  
9 specified disease insurance, coverage for benefits under this section  
10 shall apply only to the extent that the benefits are covered under  
11 the general terms and conditions that apply to all other benefits  
12 under the policy or certificate. Nothing in this section shall be  
13 construed as imposing a new benefit mandate on accident only,  
14 hospital indemnity, or specified disease insurance.

15 SEC. 3. No reimbursement is required by this act pursuant to  
16 Section 6 of Article XIII B of the California Constitution because  
17 the only costs that may be incurred by a local agency or school  
18 district will be incurred because this act creates a new crime or  
19 infraction, eliminates a crime or infraction, or changes the penalty  
20 for a crime or infraction, within the meaning of Section 17556 of  
21 the Government Code, or changes the definition of a crime within  
22 the meaning of Section 6 of Article XIII B of the California  
23 Constitution.